

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584950

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		2		1		
10		2		1		
11		2		1		
12	1	2	1			
13		2		1		
14	1	2	1			
15		1		1		
16	1		1			
17		1		1		
18		1		1		
19	1		1			
20		1		1		
21		1		1		
22		1		1		
23		1		1		
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25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31	1	1	1			
32		1		1		
33		1		1		
34		1		1		
35	1		1			
36		1		1		
37	1		1			
38		1		1		
39	1		1			
40		1		1		
41		1		1		
42		4		1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	16	↓		↓		↓
TOTAL DEP.	43	←		←		←
TOTAL CLAIMS	53					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	10	←		←
TOTAL CLAIMS			44			